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Bib Data Sheet

CONFIRMATION NO. 1818

|                                    |   |                     |                               |  |
|------------------------------------|---|---------------------|-------------------------------|--|
| <b>SERIAL NUMBER</b><br>10/811,492 | <b>FILING OR 371(c) DATE</b><br>03/19/2004<br><b>RULE</b> | <b>CLASS</b><br>514 | <b>GROUP ART UNIT</b><br>1646 | <b>ATTORNEY DOCKET NO.</b><br>34098/US/2 |
|------------------------------------|---|---------------------|-------------------------------|--|

**APPLICANTS**

Shannon Marshall, San Francisco, CA;

**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/456,094 03/20/2003

x2 8/30/06

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

None

x2 8/30/06

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***

\*\* 09/30/2004

|   |                               |                            |                           |                                |
|---|-------------------------------|----------------------------|---------------------------|--------------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | <b>STATE OR COUNTRY</b><br>CA | <b>SHEETS DRAWING</b><br>1 | <b>TOTAL CLAIMS</b><br>11 | <b>INDEPENDENT CLAIMS</b><br>1 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>Allowance |                               |                            |                           |                                |
| Verified and Acknowledged<br>Examiner's Signature: <i>[Signature]</i> Initials: x2  |                               |                            |                           |                                |

**ADDRESS**

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**TITLE**

Generating protein pro-drugs using reversible PPG linkages

|                                   |   |   |
|-----------------------------------|---|---|
| <b>FILING FEE RECEIVED</b><br>460 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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